



# Adult Education Student Intake Form

This Student Intake form is to be completed by staff through an interview with the prospective student.

Academic Year: \_\_\_\_\_ Local Program: \_\_\_\_\_ Intake Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Intake Done by: \_\_\_\_\_

## Student Bio Info

Full Name:	(Prev. Name):
Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	
Town/State/Zip:	
Phone(s): (Home) _____ (Work) _____ (Emergency) _____ (Cell) _____	
Email:	
Data Matching: Do you give us permission to release your SSN? <input type="checkbox"/> Y <input type="checkbox"/> N	

## Student Program Enrollment

Choose Your Program:	
<b>Have you completed any previous Adult Education classes ?</b>  <input type="checkbox"/> Y <input type="checkbox"/> N  If Yes, Which program(s)? _____ _____ _____ _____	<div><input type="checkbox"/> <b>AEFLA:</b> <input type="checkbox"/> ABE/ASE <input type="checkbox"/> ELL  <u>EFL Level at Entry:</u> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6</div> <div><input type="checkbox"/> <b>Certificate Program</b></div>
<b>Adult Ed History:</b>  <input type="checkbox"/> Currently enrolled <input type="checkbox"/> Earned GED <input type="checkbox"/> Earned diploma <input type="checkbox"/> Earned credits at current program <input type="checkbox"/> Earned credits at other Adult Ed program <input type="checkbox"/> Earned credits at 2 or more Adult Ed programs <input type="checkbox"/> None (N/A)	<div><input type="checkbox"/> <b>College Transitions</b> <input type="checkbox"/> <b>Credit Recovery</b> <input type="checkbox"/> <b>EL Civics</b> <input type="checkbox"/> <b>Enrichment</b> <input type="checkbox"/> <b>Family Literacy</b></div> <div><input type="checkbox"/> <b>GED</b> <input type="checkbox"/> <b>HSD</b> <input type="checkbox"/> <b>WorkReady</b> <input type="checkbox"/> <b>Workforce Training</b> <input type="checkbox"/> <b>Other</b></div> <div>Intake Hours: <input type="text"/></div>

<b>Student Name:</b> _____			<b>Demographics</b>		
<b>Social Security Number:</b> _ _ _ _ _ — _ _ _ _ _ — _ _ _ _ _					
<b>Ethnicity:</b> Are you Hispanic / Latino? <input type="checkbox"/> Y <input type="checkbox"/> N		<b>If No, choose one or more of the following:</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pac. Islander <input type="checkbox"/> White <input type="checkbox"/> Other			
<b>Employment Status:</b> <b>(Must choose ONE)</b>  <input type="checkbox"/> Employed    ___ Part-time    ___ Full-time <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Not in Labor Force (not looking for work)					
<b>Education History:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <b>Last Grade Attended in US School:</b>  <input type="checkbox"/> No Schooling  <input type="checkbox"/> Unknown  <input type="checkbox"/> Grades 1-5  <input type="checkbox"/> Grades 6-8  <input type="checkbox"/> Grades 9-12 (No Diploma)  <input type="checkbox"/> GED  <input type="checkbox"/> High School Diploma  <input type="checkbox"/> Some College / No Degree  <input type="checkbox"/> College or Professional Degree              Last Year Attended? _____         </div> <div style="width: 30%;"> <b>Last Grade Attended in <u>Non-US</u> School:</b>  <input type="checkbox"/> No Schooling  <input type="checkbox"/> Unknown  <input type="checkbox"/> Grades 1-5  <input type="checkbox"/> Grades 6-8  <input type="checkbox"/> Grades 9-12 (No Diploma)  <input type="checkbox"/> GED  <input type="checkbox"/> High School Diploma  <input type="checkbox"/> Some College / No Degree  <input type="checkbox"/> College or Professional Degree         </div> <div style="width: 35%;">           Last US School            Attended: _____              Date High School            Credential Achieved            (If Applicable): ___/___/___         </div> </div>					
<b>Nationality: (working title)</b>  <b>Native Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Thai <input type="checkbox"/> Other non-English		<b>Citizenship:</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Lawfully Admitted Alien <input type="checkbox"/> No Response		<b>Country of Origin:</b> _____  If <i>not</i> United States,  Date of Arrival: ___/___/___  Are you a refugee? <input type="checkbox"/> Y <input type="checkbox"/> N	

<b>Student Name:</b> _____		<b>Demographics</b>	
<b>Financial Health Indicators:</b> (Choose any that apply)  <input type="checkbox"/> Living in Rural Area*  <input type="checkbox"/> Single Parent  <input type="checkbox"/> Low Income  <input type="checkbox"/> Displaced Homemaker  <input type="checkbox"/> Dislocated Worker  <input type="checkbox"/> In a Program for the Homeless  <small>*Rural Residency Definition: Learner resides in rural area; that is, a place with population of less than 2,500 that is not near any metropolitan area with a population greater than 50,000, or in a city with adjacent areas of high density.</small>	<b>Are you currently on Public Assistance?</b>  <input type="checkbox"/> Y <input type="checkbox"/> N  If you answered yes, choose all programs that apply:  <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployment <input type="checkbox"/> TANF <input type="checkbox"/> MaineCare <input type="checkbox"/> Food Stamps <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Other	<b>Disability? (Optional)</b>  <input type="checkbox"/> No  <input type="checkbox"/> Learning Disability  <input type="checkbox"/> Physical Disability	
<b>Corrections:</b>  <input type="checkbox"/> In a Correctional Facility <input type="checkbox"/> In Other Institutional Settings <input type="checkbox"/> In a Community Correctional Program			
<b>Miscellaneous Information</b>  <input type="checkbox"/> Have a Driver's License?  <input type="checkbox"/> Reliable Transportation?  <input type="checkbox"/> Registered to vote?  <input type="checkbox"/> Have children in local school system? (optional)		<b>How did you learn about this program?</b> <input type="checkbox"/> Relative, friend, acquaintance <input type="checkbox"/> Previously attended <input type="checkbox"/> Advertisement <input type="checkbox"/> Educational or other institution <input type="checkbox"/> Career or employment center <input type="checkbox"/> Work place <input type="checkbox"/> Military recruiter <input type="checkbox"/> Court of welfare mandate <input type="checkbox"/> Career Center <input type="checkbox"/> Other	
Permission to Release Academic Records? <input type="checkbox"/> Y <input type="checkbox"/> N  Permission to Release Information (FERPA)? <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Post Secondary Experience</b> <input type="checkbox"/> None <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Previously Enrolled	
Did either of your parents earn a 4 year degree?  <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> None		What are your long-term goals for this program?  <hr/> <hr/> <hr/> <hr/>	